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PTO/SB/21 (04-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/963,854	
	Filing Date	09/26/2001	
	First Named Inventor	Gary F. Hirsch	
	Art Unit	1746	
	Examiner Name	Stinson, Frankie	
Total Number of Pages in This Submission	16	Attorney Docket Number	16061.01C

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Amendment, Response to Office Action, Cert. of Mailing</b>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Chad M. Hinrichs
Signature	<i>Chad M. Hinrichs</i>
Date	06/03/04

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**475**

## Complete if Known

Application Number **09/963,854**  
Filing Date **09/26/01**  
First Named Inventor **Hirsch**  
Examiner Name **Stinson**  
Art Unit **1746**  
Attorney Docket No. **16061.01C**

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TC 1700

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit  
Account  
Number  
Deposit  
Account  
Name

**502448**

**Doerner, Saunders, et al.**

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1001	2001	770	385	Utility filing fee	
1002	2002	340	170	Design filing fee	
1003	2003	530	265	Plant filing fee	
1004	2004	770	385	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	

SUBTOTAL (1) (\$)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20** =	X	
Independent Claims	-3** =	X	
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
1202	2202	18	9	Claims in excess of 20
1201	2201	86	43	Independent claims in excess of 3
1203	2203	290	145	Multiple dependent claim, if not paid
1204	2204	86	43	** Reissue independent claims over original patent
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description
1051	2051	130	65	Surcharge - late filing fee or oath
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet
1053	1053	130	130	Non-English specification
1812	1812	2,520	2,520	For filing a request for <i>ex parte</i> reexamination
1804	1804	920*	920*	Requesting publication of SIR prior to Examiner action
1805	1805	1,840*	1,840*	Requesting publication of SIR after Examiner action
1251	2251	110	55	Extension for reply within first month
1252	2252	420	210	Extension for reply within second month
1253	2253	950	475	Extension for reply within third month
1254	2254	1,480	740	Extension for reply within fourth month
1255	2255	2,010	1,005	Extension for reply within fifth month
1401	2401	330	165	Notice of Appeal
1402	2402	330	165	Filing a brief in support of an appeal
1403	2403	290	145	Request for oral hearing
1451	1451	1,510	1,510	Petition to institute a public use proceeding
1452	2452	110	55	Petition to revive - unavoidable
1453	2453	1,330	665	Petition to revive - unintentional
1501	2501	1,330	665	Utility issue fee (or reissue)
1502	2502	480	240	Design issue fee
1503	2503	640	320	Plant issue fee
1460	1460	130	130	Petitions to the Commissioner
1807	1807	50	50	Processing fee under 37 CFR 1.17(q)
1806	1806	180	180	Submission of Information Disclosure Stmt
8021	8021	40	40	Recording each patent assignment per property (times number of properties)
1809	2809	770	385	Filing a submission after final rejection (37 CFR 1.129(a))
1810	2810	770	385	For each additional invention to be examined (37 CFR 1.129(b))
1801	2801	770	385	Request for Continued Examination (RCE)
1802	1802	900	900	Request for expedited examination of a design application

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**475**

## SUBMITTED BY

Name (Print/Type) **Chad M. Hinrichs** Registration No. **45,836** Telephone **(918) 582-1211**  
Signature **Chad M. Hinrichs** (Attorney/Agent) Date **06/03/04**

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